

**Nebraska EVV Stakeholder Meeting
July 2, 2020**

Jenn DeBoer: Good afternoon, and thank you all for attending the July Electronic Visit Verification Stakeholder Meeting. I want to remind everyone again that this is a monthly event and if you missed our June meeting, please visit the EVV website for the recordings.

The link to the EVV website can be found at the end of the slide deck. Alternatively, you can subscribe to our website and you will receive up to date information. Next slide, please. So, our Agenda for July Stakeholder Meeting is as follows:

1. Introduction to the State EVV panelists,
2. Recap of June EVV stakeholder meetings.
3. Therap, an option for developmental disability, DD, providers,
4. EVV target deploy dates: Phase 1 and Phase 2
5. Benefits of early adopters
6. Creating visits
7. Demo of Tellus mobile visit scheduling
8. Demo of EVV Portal.

Next slide, please. So without further delay, let's introduce our panelists. Heather Leschinsky, Chief Administrator, Medicaid HCBS Project Management and Initiatives, Division of Developmental Disabilities. Heather, please say hello.

Heather Leschinsky: Good afternoon. Thank you for joining us, everyone.

Jenn DeBoer: Great thank you, Heather. Rebecca Hoffman, DHHS Program Specialist for AD Waiver. Rebecca, otherwise, Becky, please say hello.

Becky Hoffman. Good afternoon, everybody.

Jenn DeBoer: Thank you, Becky, Vince Rae, EVV Project Manager, Vince, say Hello.

Vince Rae: Good afternoon, everyone. I am so happy that you're able to join us and hear all the information we have to offer today.

Jenn DeBoer: Thank you, Vince. Debbie Flower, EVV Vender Manager and the Personal Assistant Service (PAS) Specialist. Debbie, say Hello.

Debbie Flower: Good afternoon, glad you're here with us.

Jenn DeBoer: Thank you, Diane Twehouse, EVV certification lead. Diane?

Diane Twehouse: Good afternoon, everybody. This is Diane.

Jenn DeBoer: Leon Merrill, our training lead. And Leon sends his regrets but he, he's unable to attend and he says, Hello. Trevor Vargason, our UAT Lead. Trevor, say Hello.

Trevor Vargason: Yeah, welcome everybody.

Jenn DeBoer: Great. Thank you Trevor. And my name is Jenn DeBoer and I'm the EVV Communications Lead. Hi everyone. The senior Account Manager for Tellus, Joe Schnur. Joe?

Joe Schnur: Hi, everyone, Good to be with you. Look forward to working with you on this project.

Jenn DeBoer: Thank you, Joe. Kristy Pyles, Account Manager for Tellus.

Kristy Pyles: Hello, everyone. Welcome. I look forward to talking to you all.

Jenn DeBoer: And senior trainer for Tellus, Lisa Turner. Lisa?

Lisa Turner: Hello everyone, and welcome.

Jenn DeBoer: Great, thank you. Next slide, please. So, for those who missed our June stakeholder meetings, here's a recap of what was discussed.

The state announced that Nebraska has selected Tellus as the state, EVV vendor, the Personal Assistant Services, Aged and Disabled Waiver services and Developmental Disability Waiver services must all go live on January first of 2021. If you rendered services and billed under these 12 service codes, you are required to clock in and clock out using the EVV technology. If you're wondering, what are the 12 service codes, we will display them to you in the next slide.

And if you miss the June stakeholder meeting, the EVV website does have the recordings of Tellus Mobile app demo. Do visit our EVP website so that you can actually catch up on our previous recordings. Next slide, please. So in our previous slide, we told you that there are 12 service codes that you will required to use EVV to clock in and clock out. These are the DD, AD, and PAS service codes that requires the use of EVV Solution.

As a reminder, if you do provide services and bill under these 12 service codes, you must use the EVV solution before or on January first of 2021. Last month, during the question and answer sessions, many providers have asked about Therap and will the developmental disability providers need to use tell us the state's selected EVV solution?

Here to explain in detail the role of Therap and the DD program is the Chief Administrator, Medicaid HCBS Project Management and Initiatives, Division of Developmental Disabilities, Heather Leschinsky. Heather, the floor is all yours. Next slide, please.

Heather Leschinsky: Thank you, Jenn, and thank you, everyone, for joining us today. I'm here to talk to you about an option that is being made available to our providers that serve participants on the Comprehensive Developmental Disabilities Waiver, and the Adult Day Developmental Disabilities Waiver. If you're enrolled as a provider for the codes listed on this slide, you will

have the option to use Therap for electronic visit verification. The Therap EVV module is being offered to both agency and independent providers at no cost.

The Tellus EVV application is still an option for you. But as Therap has the functions you use today, it is being offered for EVV. The Therap EVV module will replace the current time and attendance you are using, but only for these those services listed on this slide. All other DD services will continue to use the current time and attendance feature in Therap. All other functions that you currently use Therap for will continue to be done in Therap. These functions include: habilitation, writing habilitation programs, data collection for habilitation programming, accepting authorizations, documenting behavioral support plans, etc.

The tasks that will be displayed in the Tellus EVV will not be related to the habilitation programming you currently provide. The functions that you will see today in the Tellus demo will be available in the Therap EVV module. As Tellus is the state EVV solution, providers will need to use, Tellus, for some activities related to submitting claims for payment.

This means you will need to attend the Therap of EVV training, and they Tellus training related to claim submission. Therap will be offering presentations on the EVV Module for both independent and agency providers. The webinars for independent providers are July 6 at 2:00pm and July 7 at 6:00pm. The information to register for these presentations is available on the DD page of the DHHS website.

For agency providers, the Therap presentations will occur at the service district meetings, July 8, 15 and 22. If the DD provider decides to use Tellus for EVV, remember, if you provide other DD services, you will still need to use Therap for time and attendance for those services. Please notify us by sending an e-mail to the provider relations e-mail address included on this slide. DHHS.DProviderRelations@nebraska.gov.

This will allow us to disable the EVV module in Therap. Again, thank you for joining us today and I encourage the DD providers to attend the Therap presentations. Back to you, Jenn.

Jenn DeBoer: Thank you, Heather. By now, you have heard that the PAS, the AD and the DD waiver programs, mandatory for EVV must go live by January first of 2021. DHHS is officially announcing couple of go live dates. Please. Next slide. Great. So, there are two go live dates. We know that some of you are excited about going electronic to reduce manual paper entry and some billing. The first phase is for the early adopters or otherwise what we call are the ones that are really excited and is comfortable with using electronic visit verification to start using EVV on September 27th of 2020.

For those of you who are a little more shy of using technology, you can all start deploying and using EVV on October 25th, 2020. Heather, would you like to actually mention something about the DD providers and the target deploy dates?

Heather Leschinsky: Yes, Jenn, thank you. For Therap, the tentative go live date is October 25th, 2020. We are going to be asking all DD providers, whether or not they use, Tellus or Therap, to wait until the second phase and go live October 25th, 2020. Thanks, Jen.

Jenn DeBoer: Thanks, Heather. Next slide, please. So these are the 12 service codes that providers will no longer need to send billing documents to DHHS. And I'm going to preface the DD service codes, as you can see on the slide, after October 25th of 2020 you are just going to use EVV from there on. As for PAS and for AD waivers, you will need to not, you do not need to send billing documents after September 27th of 2020, for the early adopters. And for the rest of you who would like to, use EVV on October 25th of 2020, you do not need to send your billing documents to DHHS as well.

As a reminder, if you do provide services under all of these 12 service codes, you must go live by January first of 2021. If you have any concerns, are feeling a little hesitant and nervous about using EVV solution, we strongly urge you to reach out to DHHS as soon as possible so that we can help you overcome your fears. The sooner you reach out to us, the more time we have to help you and address your concerns.

We know that change can be difficult and sometimes even scary, but DHHS wants to assure you that you are not alone. You may even wish to reach out to early adopters, the ones who know how to use technology and seek the assistance and find out about the experience of using the Tellus EVV solution. Next slide, please. So what are the benefits of being an early adopter?

As an early adopter, you can help DHHS, iron out kinks in the system and report to us whether you are experiencing any technical difficulties. Your role as an early adopter is twofold. Help us work out kinks in the EVV system, if you find any, and also to serve as a mentor to those who may feel a little intimidated by this change. We need your collaboration and your support to deploy the Tellus EVV solution successfully. Finally, a collaborative efforts will serve our Medicaid participants well. It will give them autonomy to make their own health care decisions. I want to turn it over to Tellus. Joe or Kristy, please take it away.

Kristy Pyles: Thanks, Jenn. This is Kristy, the account manager that you met just a moment ago. I want to talk to you a little bit about the technology piece of this presentation. First, let's revisit the users of the tools that you see on the screen. On the left side of the screen, we have the mobile application and on the right side, you have the admin portal. The mobile app is used to collect visit information. The users are the agency providers and the independent providers.

The admin portal is used to scheduled visits in advance and for billing. This is used by provider agencies and independent providers. Now, I'd like to talk briefly about our last meeting. Previously, we showed you how to complete a visit using the mobile application. If you didn't get a chance to join us for the June meeting, please take a look at the DHHS webpage so that you can hear that recording. And in addition to the demonstration, we also got some really great questions that you may benefit from.

And, in fact, we did also get a request in the previous meeting to show you how to create the visit in the mobile app and the admin portal. So, today, we're going to focus on showing you how to do just that. As a side note, we do encourage feedback, because it helps us identify what you may want to see and hear, and we appreciate and value your input.

Hopefully, this gives you a good overview of the tools and how they're used and who uses them. In the future, we will be demonstrating how to submit claims using the admin portal. But for now, here's Lisa. She's going to walk you through the demonstration on the mobile app, and the admin portal. Take it away, Lisa.

Lisa Turner: Thank you so much, Kristy. Hello, everyone! This is Lisa Turner. I am the senior trainer here at Tellus. Once again, I want to thank you for joining today's session, and I am excited to share with you scheduling visits via the mobile app, and also the admin portal. As Kristy and Jenn had mentioned previously, many of you may have attended or watch a recording of the session where I showed you how to complete a visit. Just as super easy and fast it takes to complete a visit, scheduling will be even more fast so fast that if you blink, you will miss it.

So let's get started. So, before I show you how to schedule the visit, you can schedule a visit, whichever works best for you. So, for example, if you are an individual that will like to schedule your visit on the spot, meaning on demand, you can schedule it as you arrive at the participant tab, and the parking lot or while you enter the house, you can schedule a visit there. You can schedule your visits a week in advance. Some like to be proactive and schedule it a month in advance if it's a set schedule. But, once again, it's your choice on how you would like to schedule those visits. So, let's dive in.

So, first, you simply select the participant icon, which is at the bottom center of the phone, tap on a participant's name on the list. Then, here, you're going to select the "Add the New Visit" which is the last bottom green bar, at the bottom of the phone.

And here you're going to select the starting address and some might end services at a different address. So, you may enter a start address and you can enter an ending address of where the services will end. But if there is only one address, and you are providing service and one address, or if you are a live in provider taking care of a family member, you just simply tap on the starting and end address and both addresses will be added.

The next will be the payer field for your participant, and then you're going to add the start date, and end date. Sometimes, there are providers that provide care overnight, so you can enter a different end date if it's different from the start date. So, I'm going to select today July second from start to end. And then, what time will you start the visit? So, you click on the start time, and I would say 4:00 PM and it will end at 6:00 PM.

So, once I've entered the start time and end time, now, you're going to select from the list your service name or service code. So those services that were mentioned in the previous slide, you're going to select your respective code and, of course, your respective service for that participant. For this demo, I'm going to select my prefixed services that I have for my demo. And in this case, I will select homemaking service which is the third service on the top of the list. I simply check the box and right below the box, I have three tasks that are assigned for me as a provider, to provide those services to the participant, prepared breakfast, laundry, or kitchen duty.

In this case, since it's 4:00 in the afternoon, I'm not going to prepare breakfast unless the person who's like me that I can eat breakfast all day, but in this case, breakfast will not be a task that I will be performing for this visit. So I deselect to prepare the breakfast and I am focusing on laundry and kitchen duty. Once I verify that all my information is correct, I have my dates and times and location. And if everything is accurate I click on the Submit green button.

Once I click Submit, I get the confirmation that this visit has been successfully created. Click OK. And, I go back to the Home page, which is the bottom left icon on the phone, to go back to the first page where we started, and here is the visit that has been scheduled. Kristy, would you like to add anything else on this demo that I just did?

Kristy Pyles: Sure, Lisa, thanks so much. You did a great job. Hopefully, you were able to see how easy the process of completing a visit using a mobile app has been. Remember, this is just a demonstration, we will be providing full user training in the coming months. And as the planning progresses, we will be providing that information to you about the trainings and the different formats those may be in.

But, as a reminder, for this next demo, we will start the question and answer portion of this meeting. This is very beneficial for everyone, including us. We encourage you to go ahead and start entering your questions now into the chat box at this time. Lisa, roll on with it.

Lisa Turner: Well, thank you. All right, everyone. So I transitioned from mobile app to now the portal. So I'm going to show you how to schedule a visit in the portal section. So, to begin, you're going to navigate on the left hand side, which is our main menu. You're going to select the second item on the top, which is schedule. When you select schedule, you have, like, a quick little calendar that you will see every time you are scheduling those visits, you will see it for the timeline.

So, I'm going to click on the blue plus sign over on the far right. And you'll see when you hover over it, you'll see a little sub tasks that says, Add a New Visit. So I click on the plus sign, and here is a form, six easy steps that you will complete. Really super fast and easy. So let's begin with step number one. You're selecting your participant. When you start typing the name, the system will give you the listing, you just click on a name, and everything is add it from the name, insurance, and diagnosis.

Step two, who is the provider providing care for this participant, type the name and select. Step three, select your respective service code. So I'm going to click once again, homemaking service. And as you can see here, I have my task, again. So in this case, I'm going to deselect laundry, as I did laundry today at 4:00. So, now, I'm going to prepare breakfast and kitchen duty. Step four, where will the services begin and end?

If I'm going to start at the home and end at a different location, I can add a new address to reflect that the service will end at a different location from the start. Step five, when will this service begin? I'm going to begin breakfast tomorrow, July third, and I will show up to the participant house at 9:00 in the morning. Make sure you click on the AM PM button and click OK. How long will this visit last?

Two hours is the schedule, and step six, I want to set this visit to be recurring, meaning that I don't want to keep revisiting, a set schedule that I already have, and I already coordinated with the participant to have for this occasion or the services. So, I'm going to activate the question, is this visit that you're selling repetitive? Yes, it is. Activate it, slide it over to the right.

And now, my set schedule will be, when I click on the drop-down, how often, I wanted to select Monday, Wednesday, and Friday, is my agreement with the participant to provide the service. So I click on Monday, Wednesday, and Friday, and I want to schedule it according to the expiration date of my service authorization. So I activate on the on date so that I can have this set scheduled to end on the last Friday of September, which will be September 25th.

Once I've entered that data, I click on Save. Any business rules that are entered into the scheduling aspect, you will see any types of warning. If there are no, if there are warnings that no need to make corrections, then you just click on save without corrections. Well, ladies and gentlemen, I have some good news and some bad news. So, the bad news is that I am finished with the demo, see how super easy and fast that loss. And the good news is, it's time for some Q&A, Jenn?

Jenn DeBoer: Thank you. Thank you Lisa, that was great. Right now, we will take about 40 minutes for questions and answers from all of you. And Christy and Joe will take from the Tellus team, will help facilitate the question and answer sessions. So, back to you all, Kristy and Joe.

Kristy Pyles: Thanks, Jen. We have some great resources to help answer our questions today. And as a reminder, if you are a panelist, please go ahead and turn on your cameras, if you're able to. So those of us who are hearing the answers, can see who's providing them to us. Thank you, Heather. And if you feel for some reason, we didn't get to the intent of your question, maybe we didn't understand it, please feel free to go ahead and put some additional information, in the chat box. And, Heather, you actually got a question directly to you.

Q: So, Heather, does the 1/1/21 date apply to DD providers, or will DD providers be mandated to go live on 10/25/2020?

Heather Leschinsky: DD providers will be mandated to go live on October 25th, 2020, to ensure that all of the Therap functions that already exist today, are still able to continuously function, in the manner in which we've already built them. So October 25th is the date DD providers will need to go live.

Kristy Pyles: Thanks, Heather.

Q: The next question is, when will information on integration with our current EVV EMR be available?

Kristy Pyles: The third party integration specs are actually already up on the DHHS EVV webpage and will be sharing that link here in just a moment. But you should be able to go on there and find the information that you need to go ahead and start that process.

Q: The next question, someone had asked if there are questions. Can we write them in here?

Kristy Pyles: Yes. You are in the right spot, so please feel free to go ahead and write your questions, and where you, we ask that one.

Q: The next question: can the end address change during the visit in the event something comes up in the location changes?

Kristy Pyles: Yes, it can. We recognize that visits are fluid, so they can happen in the home or in the community and should have visit change unexpectedly where you need to go and provide services other than what's already in the system. All you'd have to do is, once the visit is completed, you can go, or your administrator can go into the admin portal and update the address, and provide a reason code for why it may have changed from the expected address.

If, for whatever reason, it were to change before the visit starts, you can also go into the scheduled visit and update the addresses as well prior to the visit taking place.

Q: Next question, will only the codes appear that you the provider, are authorized to provide? Joe, I'm going to let you address that one.

Joe Schnur: Yes. So the codes that will appear are the codes that are approved as part of the program, so they won't be specific by provider, if you will. They'll be specific by the overall program. So hopefully, that answers the question.

Heather Leschinsky: And all of the codes on this slide will be available, and you'll need to choose the one in which you're providing the service for.

Joe Schnur: Yes.

Q: So, as a follow up to that Joe, someone had asked, will the codes be available that only active authorizations are there for that person?

Joe Schnur: I would have to say, no. So, there could be cases where, first of all, the codes will be the set that you see on the page here. So, all those will be available. They're not tied to an active authorization during scheduling. However, if you were to schedule and complete a visit and you did not have an active authorization, then we will flag it after the visit and let you know that we do not have an active authorization for that visit that you just completed.

Kristy Pyles: Thanks, Joe.

Q: The next question is, as an agency, how do I know if someone doesn't show up, or they're shift?

Kristy Pyles: And the admin portal that Lisa was demoing in just a minute ago, you will actually have the ability to see the visit status of all the visits for your agency. So, if someone were to miss a visit, you'll have that information readily on your dashboard, as well as if someone were just late. Joe, would you like to add anything to that?

Joe Schnur: Lisa, could you pull up the slide that show the Tellus slide that showed the mobile and the Dashboard? Yes, so this is, So, I know it's kind of small here, but if you see the admin portal, there's different color boxes. So, all those boxes represent different statuses of visits. So, for example, the red line is actually missed visit. And what that means is, there were six missed visits for that day, and then you can click in that box, and get all the details, of which six visits those were. And, so, you can get a very quick snapshot of all the scheduled visits. There you go. Lisa, just made it bigger.

You can get the status of all them, all the visits. And then, you can click on any box and get more of the details. So, that is right at your fingertips as an agency.

Kristy Pyles: It's great, Joe. Thank you.

Q: So, the next person has asked, we already have an electronic system, do we have to interface with Tellus to submit our billing to the AD waiver.

Kristy Pyles: The answer to that is, yes, Tellus is going to be the aggregation model for the state of Nebraska. So anyone wishing to use their own EVV system will need to interface with Tellus and Tellus, will be the source for submitting claims. So I'll let Heather take that further. I'm sure there's duty providers who may have some questions on that.

Heather Leschinsky: Well, I mean, I think you answered it pretty well that anyone who already has an EVV system, will need to go online and look at the specs and make sure that they're meeting those specs. And then they will need to work with, Tellus. And Joe, I believe, that, Tellus, you are already trying to identify those providers that already have their own system, so you can start talking to them about the specs and the need to interface. Is that correct, Joe?

Joe Schnur: That is correct, Heather. We actually put out a survey and we were able to collect some information so that providers that did reply, we had a question on there, are you using a third party system? And, if yes, who is it? So, we have identified already about 10 different vendors that are that are supplying EVV technology to providers. If you were not part of that survey, we would definitely love to hear from you.

You can e-mail us. We have an e-mail, it's integrations@4tellus.com. So any questions either from your vendor or from the provider yourselves, if you want to send us an e-mail, give us an overview of who you are and what system you're using, and let us know how we can help you. We would, we're look forward to engaging quickly.

Heather Leschinsky: And for our DD providers who are using Therap, you will complete the clock in clock out features in Therap. And then that information will be electronically sent or interfaced with Tellus for the submitting of the billing.

Joe Schnur: Yes.

Kristy Pyles: Thanks, Heather and Joe. So, we have another question.

Q: Are providers going to be allowed to clock in or out anywhere they begin their shift? Are they not going to be limited by the address in the authorization?

Joe Schnur: So, the answer is yes, that's actually the beauty of the mobile, is that it does allow you to, clock in and clock out wherever you need to for that shift. You can enter multiple addresses for your participant in the system, so if you know that you routinely may start a visit at a school, you may end to visit at the participant's relative's house. You can enter those additional addresses to make it easier to set that visit up.

But regardless of where you clock in, clock out, we will identify the location of where that happened and we will compare it to what was scheduled to happen. And if there is a difference, then we will just ask you why there was a difference, will ask you to enter a reason code and a note, just so we know the difference. So, yes, you, you are not limited, and we can accommodate multiple addresses.

Kristy Pyles: Thanks, Joe.

Q: So, the next question is, as a provider, do I make my own schedule, or does the guardian?

Kristy Pyles: I believe the schedule is based on the needs of the participant you're providing services to. So, I encourage you to speak to the Guardian or the participant to see what schedule needs best for them, but I will turn it over to Heather, or Joe to elaborate on that a bit.

Heather Leschinsky: You're correct Kristy. The schedule is based on the needs of the participant. And so that, that schedule should either be completed within a team meeting where the service coordinator and the team are determining the needs of the participant and then that schedule or else directed by the participant or their guardian based on their needs. So, if, if the, if the client as the need to have their laundry done at four o'clock in the afternoon, then that the way that would be scheduled with you, the provider.

Kristy Pyles: Thanks, Heather.

Q: The next one is, while all service codes be listed, if you only contracted with DD to provide only two of these services?

Heather Leschinsky: Yeah, I can I think I can answer it, so in the application, all of the codes will be listed in the Tellus application, and you would have to choose the codes in which you are authorized to provide. Now, for the Therap application, only those DD codes listed on the slide

would be in the Therap application, and you would then choose which code you are authorized to provide the service for.

Kristy Pyles: Thanks, Heather.

Q: The next question is can the preset tasks be added by admin or does this need to be added by Tellus only?

Kristy Pyles: So, Lisa demonstrated a little bit a while ago the portal that you would be setting things up in and I believe that you can actually preset tasks that you may need to do for your participant, but please, Joe, feel free to expand on that.

Joe Schnur: Yes. So, the tasks will be set over, on the authorizations, where that's applicable, that might not be applicable for all of the programs, but when it is, the task will be taken from the authorization and put it into the schedule that you set. So they will be auto loaded. Lisa did show the flexibility that you can check, take off and remove a certain task, if you know you're not going to complete it.

And then also within the visit, you have the option to de select a task, if you did not complete that task in that specific visit. So there's so will be auto loaded where applicable and then you do have some flexibility to uncheck where appropriate.

Kristy Pyles: Thanks, Joe.

Q: The next question is, will there be training for the AAA's and leagues on how the authorization will have to be put it in NFOCUS? At the last meeting? It was said that NFOCUS would be changing and how the service coordinators need to authorize need to do authorizations will change. Also, will, the service coordinators still be responsible for checking the billed hours and how will this work?

Heather Leschinsky: Actually, Becky, I would like to see if you want to address how the service authorizations are changing. I don't have those details enough. I do want to address, though, that the claim submission process, except for a few outlier cases that we're trying to find solutions for the, the claiming. So, for the last part of the question about services coordinators being responsible for, checking billed hours, that is actually something that will be done in the EVV module. And that will not be - a services coordinator will not need to check for billed hours before. A payment is made, that is, the beauty of electronic visit verification is that we are taking that process and making it an electronic process.

But, Becky, again, the question is related to the service authorizations in and NFOCUS, and, how will those service authorizations need to be changed? And, will there be training for the AAA's and the leagues on how those authorizations will be changing.

Becky Hoffman: All right. Thanks, Heather. Yes, there will be training on the changes that will be coming in NFOCUS as part of the implementation of EVV. We will be doing service needs assessments in NFOCUS and that will, then create a list of services that needs to be done for the

client. So, I'm currently working on the training for that, and hope to have it ready to go soon for all service coordination staff.

Kristy Pyles: Thanks, Becky.

Q: So, the next question we have is, I have downloaded the app and registering, it's asking for a six digit pin number. Do I just let the app generate the code?

Kristy Pyles: So, if you've downloaded the app, we appreciate your enthusiasm. But the app is not ready for Nebraska use yet. So the registration may not be completely set up for you, but Lisa, do you want to address the six digit pin, and how all that goes?

Lisa Turner: So, when the app is ready for Nebraska, and there is a pin number that is required, that is kind of like a security that you would need to enter for either the unlocking the app, or if you are self-registering and you're completing the form, the pin number is an actuality like an IVR pin number or it's also asking your ID number for your provider of services. So, I'm trying to either figure out if it's from a security perspective or when you are completing the form to self-register.

Joe Schnur: Yes, it's the sixth digit pin, the security. So, you're right. It's, that's what they're asking for.

Heather Leschinsky: But again, to you as the provider, create that. But this system does not create the code for you. You create that six digit number.

Joe Schnur: That is correct.

Jenn DeBoer: So, this is Jenn, and I know that, you know, the providers who asked that particular question must be very excited about using EVV. So, I'm hoping that, you know, by September 27th, 2020, you could actually start using, you know, your EVV solution. And we look forward to that. Please send us an e-mail to Tellus, you know about your e-mail address so that we can track you and we can alert you.

Know that we're going live on September 27th so that you know, we can you know, better prepare you and thank you very much for attempting to use EVV so quickly. And so, soon we will go live on September 27th and we want to see you there. And hopefully you can also mentor you know some of your friends who are a little less you know, more intimidated and hopefully you can also help us iron out the kinks. So, thank you so much.

Heather Leschinsky: Kristy, if I could address a question that we kind of have gone past, but we have a lot of questions in the queue. So, love the fact that people are asking lots of questions, but there is a question about,

Q: What if I perform more tasks than the basic examples? Can we customize these tasks, and are we required to have tasks?

Heather Leschinsky: So, again, please remember that what was provided was a demo. And so, the tasks that will be, like Joe said, the tasks that will come up in your application will be based on the service authorization. And so, if you find that you are doing tasks that are different, or above and beyond the tasks that you're finding in your application, which come from your service authorization, then encourage you to have a conversation with the services coordinator and with the client, participant, or their guardian, or the team, to discuss the fact that there is there may be more of a need than what has been reflected in the service authorization. So, that is a conversation we encourage to have with the services coordinator and the client, and determine if there are additional needs that you could be authorized to provide.

Kristy Pyles: Thanks, Heather.

Q: So, the next question we have is for agency administrators is there a function for managers to alert us if a caregiver is not on shift or clocked in to ensure client coverage and safety Joe, how about I throw that one your way?

Joe Schnur: Yes. So again, on the dashboard, it does, there is a status of not started and late, which would mean that the visit has not yet started, and they are already past the start time. And then, you can see the specifics of who that is, and then you could either message them through the application, or, of course, you could call them. So, what we've found is this system actually does allow for alerts.

The feedback we've gotten on alerts is people often get alert fatigue and turn the alerts off. So, what we've done is kind of made it self-help, if you will. So we show it right on the dashboard and then allow you to look at the details as to who is running late so that you can, like you said, proactively outreach to the client.

Kristy Pyles: Thanks, Joe.

Q: Next question, Has any further discussions been made regarding signatures by participants who may have a guardian or have an inability to sign? Will a voice to verify or a picture serve the purpose of the signature?

Kristy Pyles: I believe the signature is still under discussion. Would anyone in Nebraska like to take this question?

Debbie: This is Debbie, and that still is correct that bill is a work in progress.

Heather Leschinsky: Correct. But we do it. I mean, we do know definitively that if someone has a guardian, they will not be able to sign for themselves. So, and we will not have voice verification or taking a picture to serve as for the purpose of the signature. I'm confident in saying that, but I will check with Joe to make sure that that's an accurate statement.

Joe Schnur: That is accurate today. I'll just say that technology will allow us to, yeah, provide all sorts of options down the road, but you are correct today.

Heather Leschinsky: So what we're looking at is if the Guardian is not available, there is, there is a reason code that would be chosen as to why the signature would not be able to be captured. And then additionally, Pam Mann from DD is asking this question, which is why I know that, I'm answering her question. But there's a secondary question related to the PAS and AD Waiver service that, when the provider is also the Guardian. And PAS specifically, there's a requirement for a secondary signer that the Guardian cannot sign for themselves, and that is still we're still working through that issue.

Q: Thank you. So, the next question is: Is there going to be a process that doesn't require a smartphone and app? I only provide service to my neighbor and do not own any device, but a laptop.

Kristy Pyles: Mobile application use will be the primary mode of collecting visit in Nebraska. But I believe this may touch on policy, so I want to let the HHS address this.

Joe Schnur: I can add to it. Yes, you are correct. Primary mode is the mobile app, which does require a smart device, either a smart phone, or a smart tablet. I will just mention that if your participant has a smart device and approves the provider to use it for the purposes of EVV, then you could load the Tellus app on the participant's smart device that is an option. Again, you would need to make sure your participant approves that.

And then the alternative method, the primary method is the smart device with the app, the alternative method is on the portal, so there is a way to complete a visit on the portal. In that case, we will not be able to capture the location using GPS, and therefore, it would require a reason code, and an explanation as to why you were not able to use the mobile application. So, that's why we classify that as more of an alternative versus the app being the primary.

Kristy Pyles: Thanks, Joe.

Q: The next question is, my wife and I provide services to our son in our home. We each have a provider code. Service occurs under the service code 6091, under the Disability Waiver Program.

Kristy Pyles: I'm not sure if there's a specific question that you're asking with that feel free to follow up in the chat, but it does look like your service code is involved in this EVV implementation.

Heather Leschinsky: That's correct.

Lisa Turner: Kristy, I believe what this is asking, they both provide service under that code, so do they have to clock in and clock out each individually for just one service code?

Heather Leschinsky: Yes, you will each have your own authorization.

Q: So the next question is: how will this work through Therap versus Tellus? Joe, would you like to take that one?

Joe Schnur: Sure, I can kick this off. So, as Heather had mentioned, Therap is an alternative solution for the DD population. In that case, where the providers in DD are using Therap, then we are already working to on the integration with Therap and the information would flow from their system over to Tellus. And then the billing would be done in the Tellus system. So the two companies will be working together to make this all work. Anything you want to add, Heather?

Heather Leschinsky: Just want to add that to learn more about the Therap EVV module, we do have those webinars set up for next week. As I said on my slide, July 6 and 7 is the slide presentations for independent providers. And then we will have presentations for agency providers on the 8, 15 and 22. So to see a demo of the Therap EVV module, um, please go ahead and attend one of those presentations, and then like Joe said, that information that's entered into Therap for your clock in clock out will then be transmitted to tell us so that a claim can be submitted for payment.

Q: The next question is, when will we have access to the app and portal to begin training, trialing and training with staff?

Kristy Pyles: The early go live is September 27th of this year, but we'll have some registration information to give out at a later date. Joe, do you have that information to share at this time, or will that be in the next stakeholder meeting?

Joe Schnur: Yes, as we progress in these monthly webinars, we will definitely give out specifics on registration, the timing, the process, training, all of that information will definitely follow. It sounds like this provider is excited, which we're excited, as well. And we'll hope that you can be part of the early adopter group.

Q: When does a notification that you have selected the wrong code happen, and can you change the code to correct what you're billing for, if you realize it before you submit the claim?

Joe Schnur: So, if you've selected the wrong code during this scheduling, which can happen, then it will flag it during the billing process. And it will basically tell you that we don't have an authorization for this code, for this specific participant. And then you'll have an option to update that information.

And, again, every time there's an update made to the information, it will require you to put in a reason code and a short explanation. So, in this case, you know, just state that you selected the wrong code during the scheduling.

Heather Leschinsky: Joe, is it correct to say that if it is the wrong service code, it will, the claim will not be allowed to be submitted to NFOCUS for payment until that is resolved?

Joe Schnur: Yes, if it's the wrong code, meaning we don't have an authorization for that code, yes, it will. It will, because it will look for the authorizations, it will look for that specific code. If there is none, then it will not allow billing to happen.

Q: Thank you. So, the next question is: After a visit is scheduled, how does the app clock staff in and out from the visit?

Kristy Pyles: So, your staff will have the ability to use the mobile application to login via their own sign in to start and end the visit. Anyone like to expand on that one?

Joe Schnur: I would say, we went through this one on the first webinar. So if maybe you missed that one, I would definitely encourage you to go to the website and download that. And you'll see the process of clocking in and clocking out from the mobile application. Of course, there'll be, there'll be plenty of future training, so we will go over that many more times in the future.

Q: The next is, how are hours tracked automatically when actual time covered with client is greater than the time authorized for that individual? Will there be a way to manually correct EVV log time?

Kristy Pyles: The short answer is yes. But I feel like Joe or Lisa would be able to give you a better response.

Joe Schnur: So, yes, the EVV does definitely track your actual time. So it knows this scheduled time, what with what you inputted, but actual time, obviously, can vary from the scheduled time. That's not a problem. And then it will calculate the units based on that time, and we'll compare it and make sure that you have the correct units in the authorization.

And if there was a mistake made during the clock in clock out, there is a way to correct the time in the portal. And, again, you would need to enter in a region code, and let us know why that happened. But yes, there is a way to manually correct the log time if it, if it is a mistake.

Q: Can you repeat that e-mail address again?

Joe Schnur: I believe that's the integrations e-mail, it is integrations@4tellus.com. Thank you.

Q: How does the client sign their name?

Kristy Pyles: So as mentioned earlier, this is still under discussion in some areas, but in the application, if the client should be required to sign, you can do that with a finger or with a stylus when the box pops up for that signature.

Heather Leschinsky: And that was also covered in the first webinar too, So if you do go back to last month's presentation, you will also see a demo of that.

Q: I am not completely clear on when I go live as a PAS provider, November sixth, 2020, or January first, 2021, I go live. Second question, when will PAS providers have to stop submitting the paper billing, please let me know.

Kristy Pyles: So, the early adopter go live is September 27th. The mandatory go live will be October 25th, 2020. As for when the stop billing paper claims, I believe that is set to shut off, in November, is that correct?

Jenn DeBoer: November 28, 2020, and if you look at the slide that is actually on here, providers will continue to receive paper billing documents from DHHS until November 28th of 2020. So if you're one of those who are very comfortable and excited about using EVV, you can actually go live on September 27, 2020. Otherwise, mandatory, you need to actually go live on October 25, 2020. Now, you will still receive your paper building documents from DHHS, DHHS until November of 28, 2020.

So, bear in mind that if you start to use EVV, you do not need to send any more of your billing documents. If you're a PAS provider, or an AD service provider. And if you wish to go live on October 25th, 2020, then you do not need to send any billing documents after that.

Heather Leschinsky: Debbie, do you want to add anything more?

Debbie Flower: Yeah, I do want to add that, it's not only includes the billing document, it includes the timesheet as well.

Heather Leschinsky: The only other thing I would add is, I do understand that it is confusing. Why would I continue to receive a paper document if I transition to EVV. And it's just a matter of our system doesn't have the capability, or NFOCUS system, which is paying the claim, doesn't have the ability to individually shut off the billing documents. So there will be a mass shut off of the billing documents on that November 28th. So, understand that it's confusing. And just wanted to explain the reason why it's not happening until the 28th, system limitation.

Q: So, the next question is, automatic clock in, clock out allowed? For example, a family member works for an agency, but as caring for mom, family member lives in the home full-time with mom but really requires full-time care. Authorization is set for 40 hours a week. Some EVV systems allow for automatically clocking in and out. Thoughts?

Kristy Pyles: So I'd have to say that using the mobile application does clock you, in and out whenever you utilize that function. I do not believe auto clock in and clock out in the terms that it's being read here would be allowed. But I will let Nebraska address that under policy.

Heather Leschinsky: Debbie, do you want to address it, or would you like me to address it with Becky like to go with it?

Debbie: This is Deb, and I will speak for this. Typically, what our providers have done in the past is they've gone ahead and schedule their shift from your the MC 37 timeshare timesheet, and had a shift like, oh, typically, it's AM and PM Cares for the most living providers, and so they'll do an AM Shift from, you know, I don't know, 10 or noon or whatever it is and then come in and do the evening. PM care for dinner and bedtime and all of that kind of stuff.

And so, it's hard to give a generalized answer to this for folks, because PAS, as a rule, as a general rule, does not have 24/7 care, unless you're talking multiple providers. So, this is a difficult question to answer. And if you're talking 40 hours, somebody could possibly be looking at trying to better, no, 8 to 5 shift, and as a rule, PAS doesn't do any of shift work with these little itty-bitty paths of 5, 10, 15 minutes. It would be difficult to say that bad doable for PAS.

You know, I would, I would have a hard time seeing how that would be workable for PAS, but I could see how you could schedule for a live in provider and maybe you can schedule a late afternoon shift, you can still live in providers, can schedule little bitty eight to noon and maybe, I don't know, your PM's. But it wouldn't be like all day thing. So I hope that made some sort of sense. You can live together, clock in and clock out but it could be two different shifts of AM PM care.

Heather Leschinsky: I think what we would recommend is that if it is that regular care, go ahead and schedule that for a month at a time as the demonstration addressed earlier, you can do scheduling for a month at a time, but then due to the requirements of the 21st Century Cures Act, and the fact that we need to be verifying that that visit happened at the time that it happened, we would still have the caregiver or the provider would still need to clock in at the beginning of that scheduled visit and clock out at the end of that scheduled visit. So the fact that we need to meet certain requirements of the 21st Century Cures Act, doesn't allow us to have an automatic clock in clock out, but can allow for that scheduling a month at a time.

Joe Schnur: Yes, I agree with that.

Kristy Pyles: Okay, thanks everyone, so I just got notified that we have actually come up to our time for the end of questions, so Jenn, I will turn it back over to you.

Jenn DeBoer: Thank you, Thank you so much and I thoroughly enjoy these questions being asked, and they are very informative and please, know, if we miss any of your questions, please send it to us in, you know, an e-mail and we will help to actually respond back to you in a timely fashion with all your questions. So, before we wrap this meeting up, I want to thank all of you for your participation and if you're interested in learning more about the EVV program, the links are provided in the slide deck.

Our EVV website actually now has really up to date information, so please check in, from time to time for new information, upcoming events, as well. We're also on Facebook, we're also on Twitter, as well. And better yet, please subscribe to us to receive all the EVV updates and information. As a reminder, this is a monthly stakeholder meeting, and we look forward to your participation each month. So, thank you, again, for joining us, the EVV Stakeholder Meeting. And we'll see you next month. The meeting is now adjourned. Thank you.